Improving lives:

*Putting patients at the centre of our business*

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Presented at a MedComms Networking event
Improving lives

Employee engagement

Personalised healthcare comms

Putting patients at the centre of our business
In this session...

- How our industry is evolving
- Why it’s important
- How Ashfield is responding
- How we can do better by focusing on the patient
Evolving with industry
The latest buzzword?

Pharma is moving towards greater patient-centricity – but challenges and commercial pressures remain, argues Andrew M.

Eyeforpharma has been holding its annual conference decade, and has traditionally focused on the nuts and bolts of marketing excellence, salesforce effectiveness, healthcare professionals, and so on. But Pharma has been waking up to a new reality in the last year or so: a shift towards patient-centric healthcare, or “patient-centricity”.

Patient-centricity: is it making progress? 8 insights from eyeforpharma Barcelona

March 31, 2016

When Pfizer wanted to engage with people living with chronic pain, it used a crowdsourcing model and campaigns that connected with people, from patients and nurses and doctors.

PharmaVOICE - June 2016

Patient Engagement: Not Just For Physicians Anymore

Contributed by:
Robin Robison
Industry drivers towards patient-centricity

**The informed patient**
- Consumers of healthcare
  - Patient-led innovation
  - #wearenotwaiting

**Technological advances**
- Wearables, smartphones, and connected devices
- New competition

**Product innovation is harder**
- Crowded therapy areas
- Need to find “added value” and maximise value of existing products

**Health system demands**
- Chronic diseases and aging populations
- Do more with less

**Doing the right thing**
- Genuine desire to improve patient outcomes
- Restore pharma reputation

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It makes good commercial sense

$546 Billion  Estimated annual pharmaceutical revenue loss due to medication non-adherence\(^1\)

High Cholesterol
High Blood Pressure
Heart disease\(^2\)

The top 3 areas driving non-adherence costs are diabetes, high cholesterol and high blood pressure/heart disease...\(^2\)

In Europe, 50% of patients don’t take their medicines as prescribed\(^3\)

Non-adherence costs EU governments an estimated €125 billion annually\(^3\)

Non-adherence contributes to nearly

200,000 premature deaths a year in Europe\(^3\)

"The most expensive drug is the one that goes to the wrong patient or never gets taken properly"

Lode Dewulf,
Chief Patient Affairs Officer, UCB

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\(^1\) CAPGEMINI Report 2015
\(^2\) Viewpoint: How Nonadherence Is Killing Us—and What Can Be Done (Robert Nease, Express Scripts )
\(^3\) http://www.efpia.eu/topics/people-health/patient-adherence
In Ashfield Healthcare Communications

*We’ve seen this pharma shift influencing the RFPs we receive and the conversations we are having with clients*

“It is of utmost importance that a vendor understands the values of our company in this space.”

“There is a vital task to educate and train vendors in our principles and expectations in this area.”
Our patient centre of excellence team has...

- Shifted focus in culture and positioning to patient-activated customer engagement
- Brought deep patient insight and expert support to each part of the business
- Developed our own network of Patient Advocates and Expert Patients with mutually valuable relationships
- Collaborated with pharma to understand needs and expectations in a new patient-centric industry
Ashfield Patient and Pharma Future Forum

THREE SECTIONS OF CONTENT/TOPICS FOR DISCUSSION

- Patient-centric strategy
  *Vision, frameworks, infrastructure*

- Making it happen
  *Delivering patient-centricity*

- Understanding the role of third parties, supporting pharma

open for 2 weeks

online panel

MODERATED BY
Ashfield and Andrew Schorr from Patient Power

Pfizer, LEO, Novo Nordisk®, MSD, Roche, Viiv Healthcare, Novartis, UCB, Takeda, TEVA, abbvie, Sanofi

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Ashfield Patient and Pharma Future Forum

People in patient-centric roles in 12 pharma companies agreed to participate

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Making it happen
Delivering patient-centricity

Understanding the role of third parties, supporting pharma
What we are seeing within the industry

EVERYBODY is getting on board with this...in different ways

Some pharma companies making faster progress than others

Broad alignment on what needs to be done, but lack of confidence around how to do it

Everybody is struggling with measurement

Some companies are struggling to move beyond ‘yes we have spoken to patients’, to ‘here’s how we have incorporated the patient perspective’

Some ‘lipservice’ being paid but in general this is easy to spot

Agencies jumping on the bandwagon, but offering different solutions

Few agencies offering more than one or two specific services

Many companies looking for agency expertise

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Ashfield is unique in its ability to support patient-centricity

**AHC** can do the insight, the strategy, content creation and execution and measurement

**Pegasus** are experts in behavioural change

Partnering with Ashfield colleagues we can support pharma across the whole life cycle

Because **Ashfield Clinical** has a 15 year heritage in nurse programme implementation with ca. 2m patient interactions over the last 10 years
Delivering for patients

**Inputs**
The insights and understanding that we can gain from patients that help us to make better decisions and bring value to the work we do.

**Outputs**
The tools, resources and support that we develop for patients to help them to achieve the healthcare outcomes that are important to them.
Connecting with every patient...

Clinical profile + Personal profile = Patient profile

Identify the **objective**, then select the most **appropriate channel** and **message** for that **patient**
Understanding the patient...

...gives us the **insight** we need to develop a **tailored solution** that is **flexible** and **meets the needs** of the patient on their journey, leading to **behaviour change** and **improved health outcomes**.
Patient insight and engagement has not traditionally been a big part of pharma thinking
Traditional pharma thinking

**Setting research priorities:**
- Molecule identification
- Gap analysis
- Landscape/horizon scanning
- Market research around patient unmet need

**Investigator meetings:**
- Recruitment status
- Challenges, opportunities
- Changes to study protocol
- Publication planning

**Study reporting:**
- Data lock and analysis
- Publications

**Regulatory affairs:**
- Application evaluation
- EPAR summaries
- Package leaflets
- Updated safety communications

**Health Technology Assessment:**
- Assessment of value

**Research planning**

**Research operations – clinical trials conduct**

**Design protocol:**
- Endpoints and outcomes (e.g. PFS vs OS)
- Risk/benefit analysis for patients
- Target patient group
- QoL endpoints and choice of measure
- Patient-reported outcomes
- Logistics of schedule, monitoring etc.
- Regulatory protocol assistance

**Information to trial participants:**
- Informed consent
- Protocol amendments
- New safety information

**Data monitoring committee:**
- Assessment of efficacy and safety
- Recruitment issues
- Assessment of side effects
- Assessing adherence issues, study retention / drop outs

**Post-study communication:**
- Publications
- External education (meetings, symposia, etc.)
- Internal education (meetings, training, etc.)
- Preparation for launch

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The patient journey looks very different...

- Curious, scared
- Worried, overwhelmed
- Finances
- Disengaged, frustrated
- Advocate or new normal
- Presentation
- Diagnosis
- Family support

- Symptoms or “event”
- Testing
- Management
- Engagement with community
- Confident, in control
- Employment
- Family support
- Co-morbidities?
- Carers
How can we do better?

Solutions, products and services designed around patient need

- Study designed for optimal patient concordance
- Study designed with patient-relevant endpoints
- Product portfolio that meets patient needs
- Supported device / delivery system
- Educational materials / programme that support optimal understanding
- Lay summaries that answer patient questions
- Feedback mechanism that allows patients to engage with company
- Patient support programme that improves outcomes
Engaging effectively along the life cycle

1. Setting research priorities
2. Early R&D
3. Protocol design
4. Study recruitment & trial participant communication
5. Study reporting & communication
6. Preparation for launch
7. Post-launch & patient support
Engaging effectively along the life cycle

- A product offering that meets patient needs (drug / device / service / technology)
- An understanding of required asset profiles

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Insights gathering and market research
Meaningful landscape analysis

Protocol design

Study reporting & communication

Study recruitment & trial participant communication

Preparation for launch

Post-launch & patient support
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- Design that optimises recruitment, retention and concordance
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- Disease education that optimises understanding of the value of clinical research

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Engaging effectively along the lifecycle

- A product offering that meets patient needs (drug/device/service/technology)
- An understanding of required asset profiles
- Lay summaries of study and of publications
- Patient preference and PROs demonstrated and communicated at submission
- Incorporation of patient-relevant endpoints
- Insights gathering & market research
- Meaningful landscape analysis
- Appropriately targeted trial participation information that answers patient questions
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- Preparation for launch
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- Incorporation of patient-relevant endpoints
- Design that optimises recruitment, retention and concordance
- Appropriately targeted trial participation information that answers patient questions
- Disease education that optimises understanding of the value of clinical research
- Lay summaries of study and publications
- Patient preference and PROs demonstrated and communicated
- An understanding of patient perceptions of the molecule and company
- An appropriate strategy built for successful launch focused on improved patient outcomes
- An understanding of required asset profiles
Engaging effectively along the lifecycle

- A product offering that meets patient needs (drug/device/service/technology)
- An understanding of required asset profiles
- Insights gathering & market research
- Meaningful landscape analysis
- Incorporation of patient-relevant endpoints
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- Appropriately targeted disease education that meets patient needs and answers questions
- Patient preference and PROs demonstrated and communicated
- Lay summaries of study and of publications
- Appropriate strategy built for successful launch focused on improved patient outcomes
- Wrap-around patient and carer support services that optimise outcomes
- An understanding of patient perceptions of the molecule and company
Measurement... understanding the impact you have had on patients

**Traditional Outcome Measures**
- Feedback and evaluation (internal and external)
- Uptake and reach (number of patients participating, number of users of a resource)

**Patient Insight**
- Changes made to a study protocol as a result of patient input
- Refinements made to patient support programme on the basis of patient input

**Patient Outcomes & Impact**
- Patients recruited to / retained in and adherent to a study as a result of patient-optimised study design
- Patients achieving better glucose management as a result of a co-created, effective patient support programme

From this through this to this
THANK YOU

For more information please contact us

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